

Hon Martin Aldridge; Hon Pierre Yang; Hon Peter Collier; Hon Tjorn Sibma; Hon Matthew Swinbourn; Hon Dr Brian Walker; Hon Colin De Grussa; Hon Louise Kingston; Hon Neil Thomson; Hon Stephen Dawson; Hon Ayor Makur Chuot

HEALTH SYSTEM

Motion

HON MARTIN ALDRIDGE (Agricultural) [1.06 pm]: I move —

That the Legislative Council —

- (a) expresses its gratitude to frontline healthcare workers, healthcare providers and non-government organisations for their outstanding contribution to the health of all Western Australians through recent periods of great uncertainty; and
- (b) notes the McGowan and now Cook Labor government’s mismanagement of the health system, which has been plunged into crisis after crisis and has resulted in numerous devastating and preventable incidents, record ambulance ramping and all-time low staff morale.

I rise to support the motion so moved. In doing so, I indicate that I have used careful and considered language in the hope that the government, with its new humble approach, might see fit to support and self-reflect on the words in this motion, particularly in light of the state budget being handed down just last week. I say from the outset that Western Australia has the benefit of a world-class healthcare system. It has its challenges, but it is world class. We should not for one minute expect that always to be the case. It is a system under immense pressure, and cracks are, and have been, emerging for some time. On many fronts, it would appear that this government has given up. Our health system is not delivering for many in Western Australia. The health and life expectancy of many in our regions remain driven by their postcode.

The first limb of this motion is about healthcare workers. These selfless individuals are our healthcare system. Too often we focus on the bricks and mortar, and we fail to recognise that hospitals, facilities and health institutions are nothing, they come to nothing, without the dedication and tireless commitment of these healthcare workers. They are, and have been for some time, under immense pressure. I draw members’ attention to the 2023 Your Voice in Health survey. Keep in mind that the government was not interested in the views of healthcare workers in 2022 when it cancelled the survey, but it did the survey in 2023. Have a look at some of the “key questions to focus on” that came out of the 2023 survey. The responses to these questions ranged between 48 per cent and 56 per cent —

- Q48. My organisation supports me and my goals
- Q07. I feel valued and recognised for the work I do
- Q20. I believe my organisation cares about my health and wellbeing
- Q49. My organisation is making the necessary improvements to meet our future challenges
- Q11. I believe that the decisions and behaviours of senior management are consistent with my organisations values
- Q17. My organisation does a good job of keeping me informed about the matters affecting me

Only one in two respondents to the survey agreed with those key questions. I have certainly had, and I am sure other members have had, countless experiences, whether they be from healthcare workers writing to us or approaching us in person when we are at public events and the like. Their stories are strikingly similar. I have had nurses in particular break down in front of me and say they are having to leave the profession that they have given decades of service to, a profession that they love, because they are burnt out. They are undervalued and they are overworked.

It is interesting that, at the same time that we were having almost daily press conferences from the then Minister for Health, Roger Cook, and the then Premier, Mark McGowan—they would start the press conferences by identifying a particular section of the healthcare workforce and singling them out for their praise on that day—we were applying a state wages policy that has played a key role in some of the sentiment that has been expressed by these frontline healthcare workers. At the same time that we were thanking them ad nauseam for going above and beyond during this extraordinary period, we were giving them a backhander via the state wages policy. In an environment in which we had an extraordinarily tight labour market, wage growth north of four per cent, a consumer price index of five per cent last year and four per cent this year, and record budget surpluses, the government was rubbing salt into the wounds by gloating, as it did last week, about their multibillion-dollar budget surpluses. You do not have to be a genius to understand why healthcare workers feel the way they do. You do not need an annual survey to work out some of the things that are driving them to despair. I remind members about the sustainable health review. Does anyone remember that? We have not heard about it for a while. It was a key election commitment of the Labor government. Whatever happened to its 30 recommendations? The last communiqué by the independent oversight committee was in November 2020. Have we given up on the sustainable health review? The government said that

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it would focus immediately on six of the 30 recommendations. I draw members attention to the executive summary of the *Sustainable health review: Final report to the Western Australian government*. It said —

Courage, collaboration and system thinking are needed to change how health care is delivered in WA for a healthier, more sustainable future.

The Sustainable Health Review (SHR) Panel was tasked by the State Government to guide the direction of the WA health system to deliver patient-first, innovative and financially sustainable care.

Spending on health in WA has more than doubled in the past 10 years yet outcomes in population health and acute care in WA have not improved at the same rate. Without intervention, health spending is projected to approach 38 per cent of the State budget by 2026–27 at the expense of other critical services such as education, housing, policing and transport.

I pause here to remind government members who will respond to this motion—I am sure they have the government talking points in front of them—is it simply getting up and saying this government is spending more on health care than any other government? I want members to remember those words of the sustainable health review. Of course, if this government spends less than any other government, it has actually cut the health budget. The executive summary goes on to say —

Western Australia’s health system is among the best in the world. Despite this, there is no doubting the increasing pressures the WA health system currently faces. Demand for health services has grown substantially over the past 20 years as the population has grown and aged, and the incidence of chronic disease, obesity and mental health conditions has risen.

Not all people in WA have fair access to health care and some experience worse health outcomes because of social, economic and cultural inequality. More Western Australians are part of a ‘sandwich generation’: caring for young children and older relatives. They are required to navigate multiple systems that have become so complex that people often do not receive services when they need them or end up in hospitals when they do not need to be there.

The first recommendation of the sustainable health review is to increase and sustain focus and investment in public health, with prevention rising to at least five per cent of total health expenditure by July 2029. We are halfway towards that target. I hope that if there is one thing the government can leave us with today in responding to this motion, it might be: are we on track to achieve recommendation 1 of the sustainable health review, which is five per cent of the health budget being committed to preventative health? When the sustainable health review was handed down, it was somewhere in the order of 1.6 per cent. Keep in mind that we have a Minister for Health with two parliamentary secretaries—one in either house of the Parliament. I am sure one of the three individuals in charge of the health portfolio would be able to give us an update on that. Where has the independent oversight committee been since November 2020? What has the government done with it?

I move on to another area—the women’s and babies’ hospital. Of course, funding is made clear in the budget papers presented last week. I remind members that this government spent two years and \$10.4 million on a business case that in four weeks was put through the shredder. I do not subscribe to the theory that we should build the women’s and babies’ hospital at the Queen Elizabeth II Medical Centre precinct come hell or high water. That is not my view. The business case development was based on options exclusively on the QEII medical precinct. I have a problem with the fact that after two years of planning and \$10.4 million, in just four weeks, the government has determined an alternative site, and that is the site we will build the new women’s and babies’ hospital on.

I was fortunate to be a guest of the Standing Committee on Estimates and Financial Operations recently. Surprisingly, a government member raised this issue. That piqued the interest of a lot of other members who were participating on that day, including me. It is unsurprising to know that we have made a decision in the order of \$2 billion—I think it is slightly less—to build a new hospital at a site in Murdoch with no business case, no project definition plan and no risk assessment. We are told that it will be quicker, it will be cheaper and it will be lower risk—based on what? Maybe the government can tell us today. It was not able to tell us when the Standing Committee on Estimates and Financial Operations was examining its annual report recently. There are a number of issues to be addressed in building this hospital. These are long-term decisions. This hospital will probably service the next two or three generations of Western Australians. This decision should not be taken lightly. It might be the right decision to not press ahead with the development at the Queen Elizabeth II Medical Centre, but why is it the right decision to press ahead with the Murdoch development? One of the issues is obviously patient access to the Perth Children’s Hospital, but another is the distinct lack of accommodation in the southern corridor. This issue needs to be better understood as part of the relocation. If the government is going to build a new women’s and babies’ hospital at Murdoch, it needs to think about that, particularly for regional patients—the mums, dads and children who will access

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those services at Murdoch. It is like the relocation of cancer services to Fiona Stanley Hospital when there was a lack of understanding around those impacts, particularly on regional patients.

There is another topic that I hope I can stop talking about in my time remaining in Parliament, but until the government does something, I will have to keep repeating myself—that is, the need for investment to expand the emergency rescue helicopter service in Western Australia. The Chief Health Officer commissioned an independent review of aeromedical services. The review was commissioned on the back of a coronial inquest into three deaths that occurred at Mt Augustus. That report was completed in June 2022. The government sat on it for almost a year before releasing its response. It publicly released the report in May 2023. I remind members that earlier this month we recognised that the two rescue helicopters servicing Western Australia had flown in excess of 10 000 missions, more than 23 409 hours, and had impacted the lives of 6 783 people. The Chief Health Officer’s inquiry found clearly that —

Despite the most demanding demographic and geographical scenario in Australia and perhaps the world, the WA Aeromedical System is significantly under-funded and under-resourced.

Academic research has found that people in Western Australia are twice as likely to die from trauma if they live or travel in a region that does not have access to a rescue helicopter—twice as likely to die. The Deputy State Coroner’s decision in [2022] WACOR 29 at paragraph 500 makes the finding —

In my view, it is appropriate and fair that the Western Australians living in the Mid-West of Western Australia and above be provided with air assets to assist with search and rescues, in the same way that those of us living in Perth and the South West are lucky enough to have access to, noting we also have access to a far more comprehensive ambulance service on the ground. It is unclear from the information available how available the additional rescue helicopter will be to people in the Mid-West. If it is not readily available, then that is of great concern, particularly given the abovementioned election commitment to ensure that such a service is made available to people in the Mid-West.

We learnt through that coronial inquest that the Department of Fire and Emergency Services has supported three budget submissions for a rescue helicopter to be based in the midwest and Gascoyne, and the government, which gloats about its budget surpluses—\$10 billion in budget surpluses forecast across the budget forward estimates—cannot find a few crumbs from the Metronet cabinet table. The government needs to listen to the coroner and WA health academics, and to take note of the Chief Health Officer’s independent inquiry report that it commissioned to make a difference to the health and lives of Western Australians.

The last thing I want to talk about is ambulance ramping. It is a good indicator, among others, of health system performance. In 2017, when Labor took government, ramping was below 10 000 hours; it was 9 819 hours. When Labor was in opposition, it defined exceeding 10 000 hours of ambulance ramping in one calendar year as a “crisis”, a “horror story” and a “massive failure”. That was the definition applied at the time by the shadow Minister for Health, Roger Cook. How would Premier Roger Cook describe a fivefold, sixfold or nearly sevenfold increase to his 10 000-hour threshold? The Premier, the then shadow health minister, was right; our ambulance service is in crisis.

Hon Shelley Payne interjected.

Hon MARTIN ALDRIDGE: Hon Shelley Payne will get a chance in two minutes; I bet she does not stand.

Our ambulance service is in crisis. It is a crisis resulting from the failures in our health system. Those failures have an impact on ambulance availability. In April 2024, last month, there were more than 3 500 hours of ambulance ramping. Members should keep in mind what the Labor Party did when it first came to government. It changed the formula for ambulance ramping. It said that it would no longer count the first half hour when an ambulance arrives at a hospital. When we compare figures over time, we must remember that the government tinkered with the numbers. It tinkered with the formula to exclude the first 30 minutes from the arrival time of every ambulance at an emergency department. April’s figures were 3 500 hours and we have what is predicted to be quite a challenging flu season to come. This is by no means under control—notwithstanding the narrative in the budget papers that throwing more money at the health system will fix these problems. I remind members opposite of the comments made by their own sustainable health review. The government is not addressing the core underlying issues in our health system; it continues to apply bandaid after bandaid to the problem, hoping the problem will eventually subside and people will stop listening. That is not good enough. The government has given up. It has run out of ideas. That is why it is time to change the health minister and it is time to change the government.

HON PIERRE YANG (North Metropolitan — Parliamentary Secretary) [1.27 pm]: I rise to make a contribution to the debate on the motion on the Western Australian health system and advise that I will give the government’s response. I thank Hon Martin Aldridge for moving the first limb of this motion. As the parent of two young children, a child of two not so young parents, and the son-in-law of not so young parents-in-law, we have used the WA health system quite a few times over the past seven to 10 years. I want to add my personal appreciation, and

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also express appreciation in the strongest terms on behalf of the government, to all healthcare workers and healthcare providers in this state for their professionalism and dedication and the care and warmth they provide to patients. We are in a much better place because of the healthcare professionals we have in Western Australia.

It is worth noting that Hon Martin Aldridge moved a somewhat similar motion in non-government business in November last year. However, I want to add my thanks to the honourable member for moving the first limb of this motion. If members look at the last part of the first limb, it says, “through recent periods of great uncertainty”. Of course, that uncertainty was the COVID-19 pandemic, and our thanks should go to all the healthcare professionals for managing that grave uncertainty, especially at the start of the pandemic, and for them helping us through that period. Western Australia emerged from the pandemic in a much stronger position, as we have seen.

In the second limb, I think the facts speak for themselves, and I will talk about that later in detail in the rest of my contribution, but now I want to talk about what the Minister for Health and this government have contributed. The Premier, Hon Roger Cook, was the health minister since we took office, but he was also Labor’s health spokesperson from 2008, when he was elected to the state Parliament, through the time the Labor Party took office in March 2017, to December 2021. We are fortunate to have a Premier today who understands health, supports the health portfolio and understands our healthcare workers. We also have an amazing health minister in Hon Amber-Jade Sanderson, who was instrumental in the passage of the Voluntary Assisted Dying Act 2019 in the fortieth Parliament. This government really has the dream team for health, and I want to give it a shout-out.

The honourable member opposite who moved the motion talked about the praises that the former Premier and the former health minister—the current Premier—gave during the daily press conferences during the pandemic. He used words to the effect of: we also gave the healthcare workers a state policy that was detrimental to their morale. I think if we look at the Liberal–National government’s track record, the then health minister demonstrated a dictatorial leadership style when managing the ambulance ramping situation. I quote a paragraph in an article in *The West Australian*, dated 4 August 2015 —

Health Minister Kim Hames vowed yesterday to come down “like a ton of bricks” on hospitals that continued to allow ramping and said their chief executives must answer directly to him over the problem.

This kind of dictatorial leadership really did not go well for the Liberal–National government, and I want to highlight that because we really need to be mindful of the hypocrisy in some of the things being said.

Let us talk about the investment that we have seen from the budget, which was released last week. The government is investing an additional \$3.2 billion to boost hospital capacities, support the health workforce and improve patient access to care. That funding includes \$1.2 billion for core WA hospital services. This increase is in recognition of the growing demand for services in our state. Regional WA will get \$405 million for regional workforce initiatives and priority programs such as the patient assisted travel scheme and the Kimberley Ambulance Service. I want to highlight one thing. In the eight and a half years of the Barnett Liberal–National government, it did not increase the patient assisted travel scheme by a single cent. It was this Labor government that increased it from \$60 to \$100 a night in September 2021. We made an election promise during the 2021 election, and we delivered it within six months of taking office.

Hon Darren West: What did the coalition deliver, member? No increase?

Hon PIERRE YANG: It delivered nothing. No increase and no policy initiative.

Under this government, the annual health budget has also grown from \$8.8 billion in 2016–17 to \$12.8 billion in 2024–25. In the same period we have grown our healthcare workforce by about 30 per cent, and we have seen an increase of more than 4 400 full-time nursing staff, 1 600 full-time new doctors and 1 700 allied health workers. We are delivering permanency for doctors, nurses and midwives-to-patient ratio. We will be only the third state to do so. We are supporting new nursing and midwifery graduates with wraparound support in our hospitals. We are supporting hundreds of new nursing and midwifery graduates with \$1 200 off their higher education contribution scheme fees when they work in their regions. We have reached an agreement with the Australian Nursing Federation, which took out a full-page ad in *The West Australian* promoting our nurse-to-patient ratio. We did not hear any of that when the other side was in government. That shows that we are serious about it.

The health minister held a nursing and medical workforce summit to hear directly from nurses, midwives and doctors about what they want. We are implementing reforms that include more flexible rostering, streamlined recruitment processes and better support for graduates. We are listening, and we are delivering. We have added more than 700 beds, with 550 more in the pipeline. This is on top of the additional beds that have been added as part of the new women’s and babies’ hospital. Mental health and alcohol and drugs services will also be bolstered with a \$250 million investment. The total spending on mental health and alcohol and other drugs services has

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increased by 68 per cent since 2017. We are delivering a lot more for this state. The honourable member talked about ramping, and I will come to that in a little while.

At this point I want to talk about the health infrastructure investment in this state. The Cook government is investing a significant \$6.6 billion across more than 100 health projects, despite the challenges of the high-cost environment and skills shortages that we as a nation are experiencing. We have delivered the Newman Health Service, Albany Radiation Oncology Service, upgrades to Dongara Health Centre, Collie Hospital and more, including the new women's and babies' hospital at Murdoch as we have heard about from the honourable member. What is the opposition alliance's proposal? What is its alternative? It feels like the opposition alliance has a pathological tendency for negativity, and it is sick with criticism. Members opposite have no idea and no plan. They just walk into this situation with their eyes closed. It is really sad for Western Australia's democracy to have an opposition alliance in which the Liberal Party does its own thing and the Nationals WA does something quite opposite. I did not want to be really political, but I remember the disagreements between the mover of this motion and the Leader of the Liberal Party some time ago, which were well publicised in the media. In any event, I shall continue. I will come to that. I want to talk about ambulance ramping.

Several members interjected.

Hon PIERRE YANG: I remind the house of the powerful Standing Committee on Public Administration. Hon Colin de Grussa, its deputy chair, and Hon Darren West, Hon Sandra Carr and Hon Wilson Tucker, the other committee members, worked with me to deliver the thirty-seventh report on ambulance service delivery. We gained an insight of the issues that the state is experiencing in the delivery of ambulance services. As we have seen, all the recommendations were supported by the government in its response. The government has been working hard and tirelessly to improve ambulance service delivery. Again, the facts speak for themselves. We have continued to reduce ramping, despite increased demand.

Hon Neil Thomson interjected.

Hon PIERRE YANG: The member may laugh, but this is the same attitude his colleagues had when they were in power. They did not take the issue seriously and they still do not take it seriously!

Hon Darren West: It's not funny.

Hon PIERRE YANG: It is not funny—absolutely not.

If we compare the figures from March 2024 with those from March 2023, we find that ramping is down by 10 per cent, and there is a whopping 40 per cent decrease when compared with the March 2022 figures. At the same time, we had an increase of 5.4 per cent in ambulance arrivals compared with the same period last year. Older patient presentations have increased by five per cent, and we have seen a 27 per cent reduction over the six months to March 2024 compared with the same period in the previous year. We have seen the government's actions produce real outcomes. If members want to talk about the alleged mismanagement, they have to look at the track record of the Liberal–National government. That mob has no credibility in this space. Members opposite should be reminded of their contribution during their time in government.

Before I turn to that, we heard the mover talk about a cut to the health system. I do not understand where that is coming from, but I remind members that, back in 2014, the federal Liberal government cut \$300 million from WA Health. Peter Dutton, the then federal health minister, claimed that it was trying to increase funding to the health system at a sustainable rate. That was not sustainable—\$300 million was cut.

The Australian Medical Association criticised the state's health funding in 2015. As reported in an ABC article on 15 May 2015, the AMA president, Michael Gannon, said —

... the 1.3 per cent increase for health services is actually a cut in real terms, as it is below the consumer price index.

“CPI is running at around 3 per cent, medical CPI is a lot higher than that ...

“Technology improves every year but that comes at a cost.

“This will not deal with problems we've already got in the health system, ramping of ambulances —

That sounds familiar, honourable member —

and a mental health system that's just failing.”

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Two health ministers in the former Liberal–National government in this state, Hon Dr Kim Hames and Hon John Day, had a very tough time in managing ramping. I have so much material, honourable member, but I have only two and a half minutes left. This is the attitude demonstrated by the former Liberal–National government.

An article dated 10 June 2015 states —

Dr Hames told a budget estimates committee hearing he had “lost his temper” after analysing data which showed no clear correlation between high ramping periods and the number of patients or bed availability.

“You find days of high ramping with less presentations than a day, a year ago. So ramping is worse with less patients and more availability of beds ...

“So I’ve given up. I’ve lost my temper on this.”

He gave up, and so did the Liberal–National government. Let us not forget about the mismanagement of Perth Children’s Hospital and the issues that plagued that hospital until we took charge and fixed the issues. Let us not forget about the IT problems at Fiona Stanley Hospital and the mismanagement by the Liberal–National government. Let us not forget about that. As I said, the Liberal–National alliance seems to have a pathological tendency towards negativity and criticising for the sake of criticising.

Several members interjected.

The PRESIDENT: Order!

Hon PIERRE YANG: We never give up, and we never give in to challenges. The Liberal–National government gave up on a range of issues, like MAX light rail, but we do not.

Amendment to Motion

Hon PIERRE YANG: I disagree with the second limb of the motion and therefore I move without notice —

To delete paragraph (b) and insert —

- (b) notes the record investment and work to boost the healthcare workforce by the Cook government and acknowledges the effect of the COVID-19 pandemic on health systems across the country.

Visitors — Edith Cowan University Study Tour Group

The PRESIDENT: While the amendment is being circulated, let me welcome to the Legislative Council gallery the Edith Cowan University study tour group. You are very welcome and we hope you find the debate interesting and engaging.

Members, the question is that the amendment be agreed to.

Debate Resumed

HON MARTIN ALDRIDGE (Agricultural) [1.48 pm]: I thought that some humility might break out in the government today. The Leader of the House made it quite clear in her directive to government members that they need to be a more humble government, with the ability to accept its errors, misjudgements and performance. We just had a performance by one of the two parliamentary secretaries serving the Minister for Health and 95 per cent of the contribution was about the former Liberal–National government and the former federal coalition government. They did not even address the issues of performance. In my remarks in moving the motion, I warned that simply throwing more money at the problem is not going to address the systemic issues that exist in our system. Members opposite have proven over nearly two terms of government that throwing more money at the problem is not fixing the problem. Hon Kyle McGinn should google ambulance ramping! It is out of control. I reminded members in my contribution about the words of the government’s own sustainable health review. It states —

Spending on health in WA has more than doubled in the past 10 years yet outcomes in population health and acute care in WA have not improved at the same rate.

The amendment before us states —

... notes the record investment and work to boost the healthcare workforce by the Cook government and acknowledges the effect of the COVID-19 pandemic on health systems across the country.

That completely flies in the face of the executive summary of the government’s own election commitment—the report of the sustainable health review.

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This amendment to the motion cannot be supported. It should not be supported. It is clear that this government is still living in denial. It is living in denial of its performance to the most vulnerable people of Western Australia, who do not have equity in access to health care. Their life expectancy and health outcomes are still being driven by their postcode and social status, amongst a range of other factors. But, according to the Cook government, it is not a massive failure. It is not a crisis, as government members described it in the lead-up to 2008. According to the government, it is doing a great job. In fact, the only measure by which it is doing so well is that it is making a record investment. Of course, this is a nonsense. I would like someone to point to a budget in which we see declining expenses in the health portfolio. I would like somebody to do that, because what we see year after year is that governments of all persuasions are spending more money on health. That is exactly the problem that the sustainable health review is warning about. If we simply focus on acute care and hospitals rather than focusing on chronic conditions and illnesses and investing in primary and preventive health care, we are going to continue to spend more and more every year. At some point, the health budget is going to be head-to-head in competition with the Metronet budget. I am not sure what the Saffioti government will do then. Will it choose health or will it choose Metronet? What will the Saffioti government choose? This is the problem we are heading towards, running simple arguments like the parliamentary secretary has —

Several members interjected.

The PRESIDENT: Order!

Hon MARTIN ALDRIDGE: — in his pathetic amendment to this motion. It cannot be supported.

HON PETER COLLIER (North Metropolitan — Leader of the Opposition) [1.52 pm]: I understand that a few other members are going to speak, so I will stand up, look back at a week ago and just say “ditto” to this, because that is exactly what has happened again. I make a couple of points. Firstly, motions on notice give a unique opportunity for individual parties to move a motion, not for the government of the day to take ownership of that motion. They allow for individual parties to have their motion and for their motion to be put to the will of the house. That is the way it is done. It has always been done that way, until the Labor Party got complete dominance.

Hon Stephen Dawson: Not when Helen Morton was here!

Hon PETER COLLIER: Absolute garbage.

Hon Stephen Dawson interjected.

The PRESIDENT: Order!

Several members interjected.

The PRESIDENT: Order!

Hon PETER COLLIER: As I said last week in the debate on the motion moved by the Greens, if government members want to have a vote on this, they can just vote no. This motion has been moved by the Nationals WA. Do members know how many motions the Nats get every year? They get two. The government gets eight. The government wants not only its own eight motions, but also the National Party’s two, as well. Another one is that the government has taken away the Greens’ authority. This goes on every single time.

Hon Darren West interjected.

Hon PETER COLLIER: You know what, will you be quiet? President, with all due respect.

The PRESIDENT: Order! Order, member. I think if there is a need to call order, I will. Hon Peter Collier.

Hon PETER COLLIER: Thank you. I say to members that this is going to be a different chamber after the next election—it really is. I say to the new members here that this is not how it is done. New members think that this is how the house operates, but it is not. Removing the authority from an individual or a party is not the way it should be done. If a government member wants to vote on a motion, they should not remove the authority of that party and assume control over it, because, yet again, they diminish this chamber. Hon Dr Brad Pettitt will know this full well, because, of course, the Greens have been in this chamber for as long as I have, and we have always worked cooperatively and collaboratively. In the last term of government, we had seven different parties in opposition. As I have said before, trying to work with those parties is like herding goldfish, but we do it to try to get some sort of positive outcome. I say to the Labor Party: if they win again—heaven help us if they do—they are not going to have a majority in the upper house. They can try their funny little games then and see how it goes. They should put their colours to the mast then and continue to destroy the fabric of this place and see how it goes, because they will come in for a hell of a shock, I can tell them. Believe it or not, some people still believe in the conventions of this institution.

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I say to the members opposite who have just come in this term that I am really disappointed for them, particularly those members who will have only one term in this place, and there will be several of them. They will leave with a misguided notion about how the Legislative Council operates. They came in here ideally thinking that it was a place where we review legislation, allow for alternative viewpoints and allow for minority parties to have a say, and not be consumed by the dominance of a party that got in under the cover of the COVID pandemic. Yet again, we have a situation in which the Labor Party, with a massive number of motions on notice, not only chooses to have its eight motions, but also says, “We will take that will off every other party; that is what we are going to do.” Members should have the courage of their convictions. If they do not like the motion, they can just vote against it, but do not take the motion from the minor party. The Nats can move two motions this year. This is one of them, and members opposite have now removed that authority. The Liberal Party will be joining with our alliance partners to most definitely vote against this amendment.

HON TJORN SIBMA (North Metropolitan) [1.57 pm]: I think that any reasonable, diligent member of this chamber who attempts to maintain a modicum of intellectual honesty in the way they comport themselves in this house will see the shameful, duplicitous, cowardly scheme moved by the second Parliamentary Secretary to the Minister for Health, which effectively attempts to gaslight the entire population of Western Australia and deny the reality that the system is in crisis. The system is in crisis upon the government’s own measure—upon the measure set by its Premier. Beyond the scope of this obviously disgraceful, cowardly, deceitful, alternate motion, I very much worry that this will be the standard after the winter recess, when the pontifex maximus of the Labor Party will be Hon Pierre Yang—the Labor Party does not want to do its preselections before the winter recess, because I know a number of members opposite will be disgruntled—and not imbibe the kind of herd mentality that is necessary to undergird an appalling abuse —

The PRESIDENT: Order, member!

Hon TJORN SIBMA: It is appalling abuse!

The PRESIDENT: Order, member! Order!

Hon Matthew Swinbourn: Point of order, President.

The PRESIDENT: Please sit down, member. I called order several times before Hon Matthew Swinbourn sought the call. Let me deal with the reason that I called order, which was to encourage the honourable member to bring his comments back to the content of the proposed amendment. The Parliamentary Secretary to the Attorney General, I assume with a point of order.

Point of Order

Hon MATTHEW SWINBOURN: Thank you, President. I think you have raised the issue with the honourable member that I wished to raise with you.

The PRESIDENT: Thank you, parliamentary secretary. Again, I remind all members to ensure that their contribution is focused on the amendment before the chamber.

Debate Resumed

Hon TJORN SIBMA: Thank you, President; I will be absolutely guided by your direction.

My outrage is directed at the very substance of this amendment to the motion. It is a disgrace, it cannot stand, it must be resisted, and it shall be.

HON DR BRIAN WALKER (East Metropolitan) [2.00 pm]: Moving this amendment to the motion represents one very cogent reason why the entire population of health service workers hold Parliament in contempt. We, who stand at the frontline, have to deal with the problems mentioned in the first part of the motion on a regular basis. We are the ones who watch our health service being abused, maligned and mistreated. It is praised when it serves Parliament but vilified when it does not serve Parliament. An understanding of our work goes completely unrecognised. This amendment has been brought forward to try to save the present government from shame, but I have to tell members that from the perspective of health workers, both sides of Parliament—in fact, all sides—deserve the same contempt and shame, because we have a failing health service. Anyone who works in that system will tell members that. Modifying the words of the motion will not change anything, not even by one whit.

We have a health service in which the costs are expanding. There has been a 45 per cent increase since 2017, according to government figures. As Hon Martin Aldridge said, year on year, budget on budget, this has resulted in increases, and rightly so, because the costs of health care are increasing. I have been saying since about 1994 that although health service costs are increasing, the wellness benefits to people are decreasing. In fact, what we

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now know is that the life expectancy of people born now will be less than the life expectancy of people born in the generation before me. By that measure, we are failing.

What we are doing here, in this place, is playing with words. What the health service does not need is words. What the current “sickness service”, as I call it, needs is fundamental action, which I will deal with in the debate on the motion. This amendment to the motion is once again a travesty of democracy. I share the points of view of Hon Tjorn Sibma. It is a shame and a scandal, and probably reflects, to some degree, a measure of the fear of a government that likes to highlight the benefits of the health system but turns a blind eye, in public at least, to the dark side of the health system.

I would have liked, both last week and this week, to have debated an untouched motion put by either major party, the Greens or the Nationals, so that we could freely and openly debate a point of view and not have it skewed into supporting one particular point of view supported by an overwhelming majority on one side. A guaranteed result like that, fundamentally, means nothing, because what we are looking at here is just a blanket, arithmetical trumping of views. That is not democracy. That is not serving our health service.

Hon Darren West: We were put here by the people.

Hon Dr BRIAN WALKER: Honourable member, it will go to the people. I am talking about the people in the health service, whom I represent.

Hon Darren West: Maybe have some new ideas.

Hon Dr BRIAN WALKER: I am glad the honourable member mentioned that. He is referencing my speech. I will come to that.

Several members interjected.

The ACTING PRESIDENT: Hon Dr Brian Walker has the call.

Hon Dr BRIAN WALKER: Thank you, Acting President. That very point is something that I will reference in my speech on this motion. I reject the concept of amending the motion.

HON COLIN de GRUSSA (Agricultural — Deputy Leader of the Opposition) [2.04 pm]: I will be brief, because I know that a number of members want to comment on this attempt by the government to again not face up to the criticism that others might want to give it, showing its weakness in facing any of our criticism or arguing against it. It is pretty simple: if members opposite do not agree with the motion, they could vote against it. They could argue why that is the case and what is wrong with the motion. Instead, they are taking the weak and cowardly approach of amending the motion brought forward by other members of Parliament for debate. That is not in the spirit of the Parliament nor is it in the interests of Western Australia or the Western Australian people. If members opposite cannot handle the debate, they should not be here. I will be voting against this amendment.

HON LOUISE KINGSTON (South West) [2.06 pm]: It is a shame. I will be voting against the amendment as well. I had an amazing story to tell you guys that would have been really useful to listen to, so that you could know what somebody is going through in the healthcare system at the moment and the challenges that people from regional Western Australia face in accessing services in Perth. Unfortunately, I am now not allowed to provide that information.

Several members interjected.

Hon LOUISE KINGSTON: I am voting against the amendment, as I said. As other members have mentioned, it is really useful to hear other points of view. I really like hearing everybody’s point of view so that I can learn and frame my decisions based on what is really happening out there. When an amendment like this is moved, it actually stops that information from being shared. That is really unfortunate. In a world that has so many diverging views on stuff, it is really important that those views are heard and shared with everybody. I will vote against the amendment.

HON NEIL THOMSON (Mining and Pastoral) [2.07 pm]: It is very disappointing indeed to see the behaviour of the government on this. There is a quote about liberty that states that if liberty means anything at all —

Several members interjected.

Hon NEIL THOMSON: Just listen for a change! If liberty means anything at all, it means the right to tell people what they do not want to hear. We have a government that refuses to hear from others in this place. This chamber is a debating chamber. It was set up to enable the fair representation of the broad views of the community. Who spoke those words? It was George Orwell. By the government’s own definition, the DNA of this government and the way in which it operates is Orwellian. Government members just cannot bear the truth.

Several members interjected.

Extract from Hansard
[COUNCIL — Wednesday, 15 May 2024]
p2201a-2218a

Hon Martin Aldridge; Hon Pierre Yang; Hon Peter Collier; Hon Tjorn Sibma; Hon Matthew Swinbourn; Hon Dr Brian Walker; Hon Colin De Grussa; Hon Louise Kingston; Hon Neil Thomson; Hon Stephen Dawson; Hon Ayor Makur Chuot

Hon NEIL THOMSON: The distortion of the ambulance ramping figures by the member opposite was breathtaking. I could not believe what I heard. It was just a complete and utter distortion!

Hon Kyle McGinn: Turn it down!

Hon NEIL THOMSON: The Orwellian nature of this government is breathtaking. I cannot believe that this government goes to that level of stuff. What a disgrace!

Point of Order

Hon STEPHEN DAWSON: The house was almost in silence, but the honourable member kept shouting at us. Perhaps if he made his comments to you, we could get on with the debate.

The ACTING PRESIDENT (Hon Steve Martin): There is no point of order. I urge the honourable member to address his remarks through the chair.

Debate Resumed

Hon NEIL THOMSON: Thank you, Acting President; I will. If I had the respect of government members, I would speak quietly and in a way that would allow them to listen to the facts, but I do not expect to get their respect.

Here are some facts. In February 2017, there were 715 hours of ambulance ramping. In July 2022, there were 6 972 hours of ambulance ramping. I will give the government a bonus for one thing; COVID slowed down the treatment of people in emergency departments. We were on the tail end of ambulance ramping at that point. Members opposite should go to the website to see the latest data. There have been 3 502 hours of ambulance ramping in the last month.

Point of Order

Hon STEPHEN DAWSON: Acting President, the honourable member continues to shout at us in this place. He should make his comments to you. He does not need to shout at us. We are listening in silence now. The only time we are responding is when the honourable member shouts at us. It is difficult to hear ourselves think.

The ACTING PRESIDENT (Hon Steve Martin): There is no point of order. Hon Neil Thomson, I can hear you quite plainly in your normal voice.

Debate Resumed

Hon NEIL THOMSON: Thank you, Acting President.

The fact is that this government does not want to listen to the facts.

Several members interjected.

The ACTING PRESIDENT: Take a seat, please, Hon Neil Thomson. I can hear Hon Neil Thomson in his normal voice when there is no chitchat from the government side of the chamber.

Hon NEIL THOMSON: This government does not want to hear the facts. It would not matter what voice I use because this government does not want to hear the facts. There have been 3 502 hours of ambulance ramping in the last month, compared with 715 hours of ambulance ramping in the last month of the Liberal–National government. This government distorts the facts. The way the budget papers have been written is an embarrassment because they refer to a reduction in ambulance ramping from that ridiculously high figure of 6 972 hours. This government refuses to listen to the facts. Here we have this Orwellian amendment to change the very nature of the motion. The government will not listen. I will say this one more time. If liberty means anything at all, it means the right to tell people what they do not want to hear. This government does not want to hear the truth.

Division

Amendment (deletion of words) put and a division taken, the Acting President (Hon Steve Martin) casting his vote with the noes, with the following result —

Ayes (17)

Hon Klara Andric
Hon Dan Caddy
Hon Stephen Dawson
Hon Kate Doust
Hon Lorna Harper

Hon Jackie Jarvis
Hon Ayor Makur Chuot
Hon Kyle McGinn
Hon Shelley Payne
Hon Stephen Pratt

Hon Martin Pritchard
Hon Rosie Sahanna
Hon Matthew Swinbourn
Hon Dr Sally Talbot
Hon Darren West

Hon Pierre Yang
Hon Peter Foster (*Teller*)

Extract from *Hansard*
[COUNCIL — Wednesday, 15 May 2024]
p2201a-2218a

Hon Martin Aldridge; Hon Pierre Yang; Hon Peter Collier; Hon Tjorn Sibma; Hon Matthew Swinbourn; Hon Dr Brian Walker; Hon Colin De Grussa; Hon Louise Kingston; Hon Neil Thomson; Hon Stephen Dawson; Hon Ayor Makur Chuot

Noes (9)

Hon Martin Aldridge
Hon Peter Collier
Hon Donna Faragher

Hon Louise Kingston
Hon Steve Martin
Hon Tjorn Sibma

Hon Neil Thomson
Hon Dr Brian Walker
Hon Colin de Grussa (*Teller*)

Pairs

Hon Sue Ellery
Hon Samantha Rowe

Hon Dr Steve Thomas
Hon Nick Goiran

Amendment thus passed.

Amendment (insertion of words) put and passed.

Motion, as Amended

HON NEIL THOMSON (Mining and Pastoral) [2.16 pm]: I think people will understand where I am going to come from with the amended motion—what an outrage.

Point of Order

Hon MATTHEW SWINBOURN: I have a copy of the standing orders. Standing order 41 refers to reflections on the vote of the Council. We just voted, and I think the member contravened that standing order with the very few words he spoke by reflecting on the vote of the Council.

The ACTING PRESIDENT (Hon Steve Martin): There is no point of order. The member had just opened his mouth, but I ask him to reflect on that standing order.

Debate Resumed

Hon NEIL THOMSON: What an outrage. For a full reflection on that standing order, I am speaking about the motion. It is an outrage. I am talking about the motion, not the vote. What an outrage that the government is congratulating itself on its performance of complete and utter failure in the health system and when ambulance ramping is at record levels. It is patting itself on the back. It is an absolute outrage. It is an outrage that it is congratulating itself given the impact its performance has had on early childhood. In February, my colleague Hon Donna Faragher ably asked questions about the number of children waiting to see a paediatrician; indeed, she has been raising that issue for a long time. Currently, 9 762 children are waiting to see a paediatrician and 4 288 children are waiting to see a speech pathologist. Of those 9 762 children waiting to see a paediatrician, 8 308 are of primary school age. The number of children on the waitlist waiting to see a paediatrician has jumped from 6 120 last year. That is the outrage about this government's performance in the health system. We have seen how the government has linked itself in an outrageous way and talked about gratitude. Of course, everybody in this place has immense gratitude for frontline health workers. I have been the beneficiary of their amazing work. When I was overseas, I got a call in the middle of the night because my daughter was in intensive care after suffering a serious back injury and was at risk of being in a wheelchair for the rest of her life. As much as I could, every day for the next three to four months I was at her hospital bedside. I observed the amazing work of the frontline health workers. We can all share these examples. The government linked itself to hide its terrible performance behind the goodwill and great performance of our health workers. It is an outrage. This government should be so embarrassed. It should give up and call an early election. I know that the people of Western Australia would throw out this government tomorrow. This is a disgrace, joining up the hard work of those health workers to the self-congratulations of this government. This is an outrage. As I said earlier, we have seen the distorted numbers. I do not think Hon Pierre Yang, who responded to the motion, read anything other than speaking points from the WA Labor Party. If he did, he would have a different perspective. He would question the performance of the Minister for Health, Hon Amber-Jade Sanderson. He would raise questions in the party room. He would argue for change and for the Treasurer, Hon Rita Saffioti, to stop focusing on her pet projects.

I am hoping, as Hon Martin Aldridge said, that after the preselection process is over, some members opposite will stop the group thinking that we see constantly. They never have an original thought. We have seen that from the way that little tight group operates, as I said earlier. I quoted George Orwell. It is in the DNA of the Labor Party to slavishly follow the speaking points of all the media advisers who swing around in the ministerial offices, trying to put a spin on the failure of the WA Labor government. It is an outrage.

The hardworking frontline workers in my region have had to stand up and take a risk. The workers in Tom Price have taken a risk and said, "This is not good enough." Bandaids do not fix a broken health system. Three years ago, this government promised a new hospital in Tom Price. What has it done? It has done nothing. There has been no

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progress on the ground. I am still waiting to hear what is happening with the upgrades to Meekatharra Hospital. We saw the issues relating to Laverton Hospital. An article in the *Kalgoorlie Miner* of 11 May 2024 stated —

Funding for the much-anticipated Laverton Hospital in this year’s WA Budget has been met with a backlash, with the shire president “sick and tired” of waiting for the project to start.

Plans for a new Laverton Hospital have been in the works for years, with \$28 million dedicated to deliver the project in the 2024-25 State Budget after it was first funded more than eight years ago.

Then minister Hon John Carey got up to spruik the system, and there was more criticism from hardworking shire president Patrick Hill, who represents the region.

If Hon Kyle McGinn —

Hon Kyle McGinn interjected.

The ACTING PRESIDENT (Hon Steve Martin): Order, members.

Hon NEIL THOMSON: If Hon Kyle McGinn did half of what he says he does in this place —

Point of Order

Hon TJORN SIBMA: It is now becoming impossible to listen to the member on his feet give his contribution with continual interjections by Hon Kyle McGinn, who just cannot seem to help himself.

The ACTING PRESIDENT: Thank you, honourable member. There is no point of order. I give the call to Hon Neil Thomson. Please direct your remarks through the chair.

Debate Resumed

Hon NEIL THOMSON: Patrick Hill, the very capable shire president of Laverton, was reported as saying —

“We just keep getting the promises, promises, promises and there are other ways they should be looking at it to get it done urgently.”

Cr Hill said he heard from locals every day who asked him when the hospital would be built.

“It’s just unfortunate that people have Laverton are just sick and tired of hearing rhetoric and excuses of why it’s not built,” ...

“It’s way overdue for a rebuild ... everything’s antique—the wiring, the plumbing, everything’s outdated.”

Cr Hill said it was “sickening” there had been no progress on the build despite funding dedications from all levels of government throughout the years.

This typifies the Labor government’s outcomes. Yes, more money has been put in the budget. I saw that, and I was going to get to the bottom of it. I believe that \$60 million has been earmarked for funding the Child and Adolescent Health Service, only because of the incredible pressure from Hon Donna Faragher. But the problem is that we do not even know the detail. We will find out more—we will get to the bottom of it—because this government has a pattern of failing to deliver. Members on this side of the house apply pressure and we get a response but the government still fails to deliver and disappoints the people of Western Australia.

This is an outrage. This government is failing on health. At the last minute, just 12 months out from the next election, we saw the government putting some bandaids on this issue, saying that it was doing something and then it tried to silence members of the opposition from speaking about it in this place. It will apply some bandaid measures to paper over the cracks of neglect and disinvestment that this state has seen in health services across Western Australia.

In closing, I want to express my personal thanks to all those wonderful health practitioners who served my family, as I know every single member in this place would do. I want to express my gratitude on behalf of the people of Western Australia to the greatest extent I can because I know that our health workers put so much time, effort and emotion into the job that they take on. They are incredible star performers in our public service, along with those in the private sector who provide support. I want to express that and put on the record that I care for them. I know that they care for the people of Western Australia. We are very grateful for their service. We are not grateful for the neglect and disinvestment that this Labor government has put into the health system. We are not grateful for the attempts of this government to silence the voices of the many hundreds of health practitioners and the people who receive the services they provide who experience the disappointment of waiting for the most basic of services in this state, the richest state in Australia.

HON LOUISE KINGSTON (South West) [2.27 pm]: Today I am going to tell members a story about the wonderful staff at Fiona Stanley Hospital, where my husband is currently receiving treatment for prostate cancer. He has had a really wonderful experience and we are very blessed to be able to access those types of services in

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Western Australia. But it comes at a cost to regional people because they have to come to Perth for treatment and they have to stay in Perth for follow-up treatment because it is not available in regional Western Australia. These are basic services, like the removal of a catheter and physiotherapy. That is an absolute failing. That is why I jumped up earlier to vote against the amendment—because these stories are so important for those opposite to hear so we can improve the healthcare system, the intent of the original motion.

I have friends who have had dialysis treatment whom I have spoken about in this place. They are in exactly the same situation. We introduced a program in 2008 called royalties for regions, which has been absolutely decimated by this government and not delivered into —

Hon Martin Aldridge: It's on life support.

Hon LOUISE KINGSTON: Absolutely, if we look at the budget.

It was developed to deliver these services and to ensure, as this state grew, the prosperity of this state that was growing through royalties and mining resources, which come from regional Western Australia, was delivered back into regional Western Australia. Since 2017, we have seen that this fund has been decimated and paid into areas of consolidated revenue, which it was never designed to do. That is just not fair.

Today, I will highlight some of the renal dialysis statistics for regional Western Australia. This comes from the *WA Country Health Service kidney disease strategy 2021–26*. The WA Country Health Service dialysis activity in 2019–20 was 15 per cent in the south west, five per cent in the great southern, 40 per cent in the Kimberley, 13 per cent in the midwest, 14 per cent in the Pilbara, and 13 per cent in the goldfields. On average, patients in regional Western Australia have to wait 174 days, or nearly six months, for a dialysis chair. The cost of dialysis is significant. If people go to hospital, it costs \$80 000 per person annually. If it is done by a satellite dialysis unit, it costs \$65 000, but if it is done at home, it costs only \$49 000. If we look at the cost to the healthcare system of not delivering that service regionally or locally, we can see why the healthcare system is in so much trouble. Hearing these stories, it makes perfect sense to be able to change the way things are delivered in regional Western Australia. The age-standardised rates of hospitalisations are significant as well, as is the average number of country patients waiting to return home for dialysis in regional hospitals. Only 104 patients receive home dialysis. How much better would it be if there were more investment in that area so people could access the service locally?

I will move on to the situation in two of our country hospitals at the moment. As recently as yesterday, we saw that WA will lose another maternity facility in Bunbury due to staff shortages. This is repeated across all sectors of the community and is compounded by a chronic lack of housing, rising living costs and a government asleep at the wheel when the state has the biggest surplus it has ever seen and royalties for regions have been decimated, as I said already. An ABC report states —

St John of God Hospital in Bunbury will stop offering maternity services from next month thanks to a shortage of specialist medical staff ...

In a statement, St John of God Health Care said the service has experienced a chronic shortage of midwives and there were not enough obstetricians, GP-obstetricians and paediatricians available locally.

Speaking with ABC Radio ... chief executive officer Jeffrey Williams said staff shortages had proved to be the service's biggest challenge.

“Despite our best efforts and intention to bring people to ... Australia from overseas, we've just been really struggling to attract people,” he said.

... the private hospital had been working closely with its public counterpart about transitioning women to Bunbury Regional Hospital.

He said 96 pregnant women currently scheduled to have their babies at St John's would have to move to the public hospital or give birth in Perth.

That further highlights the situation in the healthcare system. When a hospital cannot even attract staff and be able to get staff from overseas, it tells us that a major issue needs to be addressed and a solution needs to be found.

Another situation is the Albany Health Campus redevelopment. A decade after Albany Health Campus opened under the Liberal–National government, a business case for an expansion that will cost in the order of \$320 million is waiting for funding, despite an inability to meet demand. There is nothing in the budget forecast to help the Albany Health Campus, and it is in a dire situation. It has similar problems in attracting staff. It has a significant number of vacancies at the moment. With such an enormous surplus, it defies logic. I go to what Hon Dr Brian Walker said about the declining healthcare situation in Australia, one of the richest countries in the world. If we cannot get it right and do not focus on —

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Hon Darren West: It is not a money issue. The money is there.

Hon LOUISE KINGSTON: It does not matter. We need to focus on finding solutions. That is why I raise these issues—so the government can think about what is said and say, “Here we go. Let’s come up with a solution”. Bagging each other from each side of the chamber does nothing to find solutions.

Hon Darren West: With respect, member, you have got no solutions. What’s the solution?

Hon LOUISE KINGSTON: How about —

The ACTING PRESIDENT (Hon Steve Martin): Members, order! Please direct your remarks through the chair.

Hon LOUISE KINGSTON: My apologies. As we come up to an election, clearly we will develop and deliver our policies. There would be absolutely no point in developing and providing them now. That is how an election works. It is pretty novel, but the Labor Party does exactly the same thing when it is in opposition. We have our ideas. We will definitely focus on how to fix the problems that have been created by the decimation of royalties for regions. That will be our major focus to deliver services to regional Western Australia.

HON AYOR MAKUR CHUOT (North Metropolitan) [2.35 pm]: I rise today to not support the motion moved by Hon Martin Aldridge.

Hon Martin Aldridge: You will not support your government’s amendment?

Hon AYOR MAKUR CHUOT: No; I am going to support it. I support the amended motion by my colleague —

Hon Martin Aldridge interjected.

Hon AYOR MAKUR CHUOT: Hold on! Hold on! I am getting there. I support the amended motion moved by my parliamentary colleague Hon Pierre Yang, the Parliamentary Secretary to the Minister for Health.

As for the honourable members of the other side criticising our government, I wonder whether a coalition government could have managed such a healthcare system, especially during the last few years and considering the challenges that the opposition faced during its time. I do not think that the honourable member has ever been in government. I am just talking about it. It is essential to the question of the capability of the state government that you guys could not maintain what we have done.

We can all admit that there have been certain issues and challenges around the world with the healthcare system. We know that our healthcare professionals have faced massive challenges; we can admit that. It is the case in many industries that people have presented with post-COVID burnout; we can admit that. Actually, I rise to emphasise the remarkable achievements of our government and the investment that the Cook Labor government has made in the healthcare sector. I also want to recognise and commend the Minister for Health, Hon Amber-Jade Sanderson, for her exceptional leadership in guiding our public health system. I also want to thank the healthcare workers because we would not be here without them. They do incredible work, and we appreciate them. We can all agree—on this side and on the other side—that they do a fantastic job, and we have to commend them for their fantastic work.

Coming back to supporting my colleague, I say that our commitment to ensuring good quality, affordable and accessible health care for all Western Australians has been our priority as a government. I am proud to also mention some of our key accomplishments and investments in our healthcare system. As my colleague Hon Pierre Yang mentioned earlier, one accomplishment is recruitment.

Actually, before I go there, I want to give an answer to my colleague Hon Neil Thomson about Tom Price Hospital. The Cook Labor government remains committed to the redevelopment of Tom Price Hospital. Changes in building market conditions have resulted in significant cost pressures that continue to have an impact on a number of infrastructure projects across the state.

Hon Martin Aldridge interjected.

Hon AYOR MAKUR CHUOT: Honourable member, I am on my feet. I normally do not interrupt you.

The WA Country Health Service and its dedicated and capable staff continue to deliver safe, quality clinical services at Tom Price Hospital under a model of care that is similar to hospitals with a similar size and location. I will give members opposite an answer, before I move to some of the things we have achieved. The recruitment of over 4 400 new nurses has occurred during this government’s time in office; 1 800 FTE new doctors have been recruited since 2017. I am thankful for the skilled migration program. However, one member in this Parliament does not appreciate the opportunity that skilled migration could provide Australia. Without skilled migrants, we would not have the opportunity to have 1 800 new doctors in our state. Despite a booming population in Western Australia, the government has still been able to manage the healthcare system. As we know in my community, the growth comes with challenges. As our Treasurer, Hon Rita Saffioti, mentioned the other day, 94 000 people arriving in our state

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is another challenge compared with the challenges faced during the COVID-19 pandemic; however, we are still trying our very best as a government.

I am a privileged person in comparison with where I come from and I always like to be grateful. I am grateful to live in Western Australia. The healthcare system here is amazing compared with the system where I come from. I do not know about other honourable members, but I am very grateful to live somewhere with a good healthcare system. I will share a personal story about one of my nephews. He was sick with malaria back home and went to a local medical centre. Cases like that arise every day; we do not have a lot of those cases here. Three weeks ago I lost my nephew in South Sudan due to medical negligence. When I stand and speak about the health system, I mean everything I say. My grandmother in South Sudan did not sleep in a bed like the beds our hospital patients are in. That is my own personal story. I am proud to say that I am part of this government that listens and tries to make a difference for all people in Western Australia.

Incredibly, the government has also reduced elective surgery waiting times by 31 per cent from the figure at the height of the pandemic. An additional 709 new beds have been opened in public hospitals over the past three years, which is something the crossbench has advocated for. The government listens to people in the community and we have been doing our job, leading to a 27 per cent decrease in ambulance ramping in the past three years. There has been a substantial increase in spending on healthcare services, surpassing the national average spend by 14 per cent, resulting in over \$10 billion in additional healthcare expenditure over the past three years.

Another incredible thing the government has done is allocate \$1.2 billion for public hospitals in the current budget alone. An amount of \$405 million has been allocated to health funding for Western Australia's regions, including additional funds for regional workforce development in healthcare and priority programs. I could go on and on because members opposite do not acknowledge what our government has done. I understand it is difficult not being in government, but sometimes it is good to acknowledge the work the government is doing. Constituents of the members opposite may not see some of the achievements the government is delivering, particularly in the current budget, if the members do not pass on the right messages. The opposition can criticise us, but I would appreciate it if honourable members opposite would pass on the information to their communities.

Hon Martin Aldridge: Pass me your notes and I will circulate them.

Hon AYOR MAKUR CHUOT: The honourable member has the budget right in front of him and he can circulate the notes. I come from a minority background. One of my jobs every day is to make sure that my people are informed. That might mean that I have to sit down and help some of the vulnerable community members who cannot access student fees; I have done that many times. Sometimes even when I am at home, I try to do some of that work in my own time to make sure I am supporting vulnerable members of the community. Instead of being negative, the honourable member should do the work and pass the information to his constituents. It is really important.

The government has allocated \$61 million to the youth mental health taskforce, which is my favourite allocation. I am proud to see this massive investment from our government to address the challenges faced by our young people, especially after COVID, and of the mental health services that have been allocated to them, the future leaders of our community.

An allocation of \$260 million has been made to drug, alcohol and mental health services, along with an additional \$39 million expenditure to support child development, the most vulnerable members of our community; that is amazing. I am sure other members will support this fantastic initiative.

An amount of \$839 million has been allocated to new healthcare infrastructure spending, bringing the cumulative total to \$3.3 billion, creating new jobs in our community, of which we should all be proud. It will support the local workforce and economic security in Western Australia. A record \$3.2 billion investment has been made to boost the health system capacity. A further 550 hospital beds are set to be delivered, not including those in the new women's and babies' hospital in Murdoch—another fantastic initiative. The government has been criticised for moving that hospital to Murdoch, but when talking about the challenges we face in healthcare, this is the best thing we could do to deliver quickly to people at the most needed time. We have a growing population and we need this hospital to be built so that we can cater for people in Western Australia. The government has committed \$155 million to improve emergency access and reduce ambulance ramping; \$173 million to the redevelopment of Bunbury Hospital; \$15 million to deliver an MRI unit at Hedland Health Campus; and close to \$9 million to expand child development services in regional Western Australia.

These investments and commitments underscore the government's dedication to improving healthcare outcomes for all Western Australians. The impact of these initiatives is evident in our communities and demonstrates a genuine and holistic commitment from our government to the wellbeing of our citizens in the state.

Hon Martin Aldridge; Hon Pierre Yang; Hon Peter Collier; Hon Tjorn Sibma; Hon Matthew Swinbourn; Hon Dr Brian Walker; Hon Colin De Grussa; Hon Louise Kingston; Hon Neil Thomson; Hon Stephen Dawson; Hon Ayor Makur Chuot

In conclusion—I will give others a chance to speak on the amendment to the motion—the Cook Labor government’s dedicated and strategic vision has driven Western Australia to lead the nation in health care, delivering meaningful and positive change for the people of Western Australia. I thank Hon Pierre Yang for moving to amend the motion because we agree with the first part of the motion that acknowledges the healthcare industry; however, the second part of the motion that criticises the government for not doing the work is not right. I again ask the opposition to share to their constituents the information from the budget so they can benefit —

Several members interjected.

Hon AYOR MAKUR CHUOT: Yes, but opposition members ran for an election.

Hon Martin Aldridge: Not for the Labor Party.

Hon AYOR MAKUR CHUOT: Let me finish my statement. Opposition members ran for an election to represent —
Several members interjected.

The ACTING PRESIDENT (Hon Steve Martin): Order! Members, Hon Makur—I am sorry.

Hon AYOR MAKUR CHUOT: It is Hon Ayor Makur Chuot.

The ACTING PRESIDENT: Exactly. Please direct your remarks through the chair.

Hon AYOR MAKUR CHUOT: On that point, I would really appreciate it if members of this Parliament could have a coffee with me so they can practise saying my name. My name is spelt Hon Ayor Makur Chuot. Members can call me Ayor when we are outside, but, respectfully, if we are sitting in this chamber, please call me Hon Ayor Makur Chuot. Hon Louise Kingston could not acknowledge me with my title or my full name. I know that I have passed from the other topic, but I make this statement because it is really important.

Hon Martin Aldridge: You actually made the same mistake.

Hon AYOR MAKUR CHUOT: I will not make a member’s statement, but I am doing this because the Acting President could not pronounce my name.

Hon Martin Aldridge: You called the minister honourable Amber-Jade.

Hon AYOR MAKUR CHUOT: I know what she said.

Hon Martin Aldridge: I am talking about what you said!

The ACTING PRESIDENT: Members, please.

Hon AYOR MAKUR CHUOT: Anyway, again, I go back to my closing remark. The reason I said it earlier is because it is important to tell the message. The opposition ran in an election to come to this chamber to represent the people of Western Australia, and they need to benefit from our budget as well. Even though members opposite are not in government, their constituents will benefit from our budget, and that is the truth.

HON DR BRIAN WALKER (East Metropolitan) [2.50 pm]: I want to continue my remarks considering the amended motion. I thank Hon Pierre Yang for doing this and also Hon Ayor Makur Chuot because they have actually put into words my first point. Our healthcare system is a failing healthcare system. We see, budget on budget, increasing amounts of money being devoted to it. Both sides of the house cannot not do it because if the government stops spending and stops increasing the health budget, people will die. There is no alternative for the government except to increase spending. Hon Ayor Makur Chuot had a very nice list of how the government is spending that money. That is great. It does not actually change the fact that, at the ground level, we are not getting any better.

I remember listening to the inaugural speeches about how much money was being spent on mental health services. My feeling then was that we do not actually know that not one single cent of that money is being experienced at the ground level in enhanced patient care. We cannot not fund the health service. It is a failing system. That is what has basically been stated here today. I can actually agree with the amended motion; it is true. The government is spending more money. Everybody is spending more money, and it is not doing any good. The government is spending on infrastructure and staff. It is an uphill battle. I do not need to mention moving King Edward Memorial Hospital for Women to a new hospital. I agree that the whole thing was very suspect, but the bottom line is that a hospital has to be built.

Just yesterday, I had calls from patients about services in Bunbury. Apparently, maternal care will cease at St John of God Bunbury Hospital. I think there are six or eight weeks to actually change the whole thing over. It is because they cannot recruit any staff. This conflicts with this wonderful feel-good story. I can point to hospitals I have worked at. At Newman Hospital, for example, services were stopped a long time ago. I worked at Merredin Hospital,

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in the wheatbelt. It had no maternity services. They had been deliberately scaled back. I could go on for hours about why that has happened, but the bottom line is that service does not happen there.

Hon Darren West: It's not deliberate.

Hon Dr BRIAN WALKER: Merredin Hospital is not a good example. I quite agree with the member. But that is the fact of my experience there.

There are underlying problems for both parties that are not being addressed. With all the money chucked at the health service, there is no improvement. I ask all of us here to learn how to offer solutions. I have heard members on the other side ask—it is a very right call—what are your solutions? There are a number of things that we ought to be doing. The first is to recognise the truth of what I have said. Recognise the truth that we can spend as much as we want, but we will not actually enhance our quality of life. For example, we could look at mental health problems and neurodiversity of the troubled youth at Banksia Hill. Why look at that? We look at that because there is a whole host of causes and none of which are addressed until it is too late. It is not until they are in prison, or just before they get there, that we try to fix that. I got a call from a colleague of mine just on Monday about a similar thing. How do we fix this problem? We are a generation too late. We have to do some real solid work.

There are a couple of reasons why costs are going up. The first one we have really got to look at is waste. If members look at any healthcare system in Australia—I commend Hon Ayor Makur Chuot—it is true that the service here is as good as I have come across in the world. It is true. I would rather be here than the US. Does that mean there is nothing to be done? On the contrary, we have a huge problem. The amount of wastage in our health service is enormous and is not being addressed. Let us look at this properly. Let us take the health bureaucrats out of the system because they are the problem. A lot of our wastage occurs because of the bureaucrats—the multiplying bureaucrats. They actually tend to make the whole system more difficult. If only we looked very closely at where every single dollar is being spent and stopped the waste.

The next question is: how can we spend more efficiently? How can we do things without wasting money? These are things that need to be addressed, again, not at that health bureaucratic level but at the level of healthcare practitioners and listening to them. If members had all the budget in the world and had to keep it as tight as possible, what would they do to improve the system? Listen to the people who provide that service. Listen to them, not the health bureaucrats, because they do not know how to do that. There is not one single health bureaucratic I know of—there may be others—who has ever had to manage a private company or be careful with the income, the revenue, that it generated. They are all managing a budget. They all care about how they manage the budget and how to prevent getting sued. Those are the only two things that healthcare bureaucrats are concerned about. I can point to any health system in our state in which that is true.

Thirdly, and probably most importantly, we need to look at the ultimate underlying causes of illness. We are allowing people to get sick and then treating them after they get sick and wondering why it is costing so much money. Do members know the biggest single cause of lack of wellness in our society? I will tell you. It is the food processing industry. The food processing industry causes most of our chronic health disease problems. Has anyone at a political level seriously considered this? What we are seeing is a green tick of health for heart healthy foods. I can tell members now that these foods are toxic. Do not touch them! We allow that to happen. We are a sugar-dependent society. We have guts that have been poisoned. If you were to open up the gut into its maximum area, it would occupy the size of a tennis court. Every single part of the gut is intensely active, immunologically and biochemically. But most people regard it as a deeply unsexy place where poo is made. The foundations of our physical wellness are being attacked by a food processing industry answerable to its shareholders and operating for profit.

From an agricultural side, our land is being poisoned. We are using toxins. We are ripping the soil. We are not caring for the sustainable environment. If members were to compare an analysis of the vegetables we are getting now with an analysis of the vegetables grown in 1930, they would see a decline in minerals and vitamins. Members will see a decline in the actual quality of the food. The reason for this is modern agriculture. I have to say that our farmers in Western Australia are some of the best and most scientific in the world. The last analysis showed that they are using tools, however, that is resulting in a reduction in the quality of food and an increase in toxins in food. Yesterday a woman came to me with an analysis, and there was mercury and antimony in her system. She asked where it came from. We have no single place in our bodies that needs mercury—not one single place—yet we have a normal level, and within these levels you are okay. We are not. This is true for a wide range of chemicals. We allow that to happen. As a result, people get sick.

Let us talk about mental health. If members look at the costs to our community in terms of money, social fabric and financial status, they will find a multibillion-dollar loss. If members look at what psychiatrists have been able to do in managing mental health over the last 50 years, they will scarcely see an improvement. Members will see a massive prescribing of drugs, which results in, let me tell you, metabolic syndrome—obesity, diabetes—

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with resulting blood pressure problems, renal failure and early death. If one is going to kill mental health patients, at least do it quickly and humanely, rather than letting them lead an existence! I am being sarcastic, of course. But maybe we need some sarcastic humour to point out the fact that we are poisoning people; we are not making people well.

This morning I was speaking with some veterans who were asking whether they could get some help for managing post-traumatic stress disorder. There are eight or nine suicides every day in this country of ours, and a lot of that is due to PTSD. The psychiatric treatment for that is abysmal, yet we still refuse to consider the alternatives such as cannabis and psychedelics, which has an 85 per cent cure rate, for goodness sake. It has an 85 per cent cure rate and we have decided not to do that. Why is that? I have yet to find a good scientific reason for that. I see prejudice; I do not see good pharmacological reasons why we are abandoning these very useful treatments and why we let people—eight or nine a day—in our society die because we have failed to make use of possible resources. This is just one symptom of a health service that needs more attention.

Yes, we need money, but we do not need to waste the money. We need to spend it better, and, most importantly, we need to get to the underlying causes of disease and illness and manage that. But I have not heard one word of this approach from any government since at least 2008. I have not. Why is that? I have heard bickering across the chamber. I have heard people mentioning how much money they are spending, but actually giving out a real, credible solution, I do not see that. All I see when I am working with my colleagues in a hospital, an emergency department or a general practice is disillusionment from the healthcare workers that members have just applauded. It was like during COVID time when we were applauding healthcare workers—that is great! But all we wanted to do was get some sleep. All we wanted to do was to go to work with the reassurance that we would come back home alive. There were times when I would go to work not knowing whether I would see my family again, and still I went to work, like every other healthcare worker. Does anyone here actually care? Members might give a bit of applause now and then, but do they actually, really, in their visceral ground nature care? Think on that.

Although I regret the amended motion, I will acknowledge that it points to the truth. The underlying truth that we need to deal with here is that the health system needs qualified attention. It needs non-political management. It needs non-bureaucratic management. The healthcare workers who know the system and know the issues and can deal with them are hampered by the system.

The ACTING PRESIDENT (Hon Dr Sally Talbot): Honourable member, I am sorry to interrupt you, but the mover has the right of reply for the final five minutes of the debate, so I will interrupt you and give the call to Hon Martin Aldridge.

HON MARTIN ALDRIDGE (Agricultural) [3.02 pm] — in reply: Thank you, Acting President. I would like to thank all the members who spoke, including the last speaker, Hon Dr Brian Walker. I can assure him, at least from my perspective, that I do care about healthcare workers, and that is the reason I brought this motion in part today. I would like to thank the members of the government who used this opportunity to provide their budget reply speeches. I remind them that it is not my job to sell their government's budget; that is actually their job. Good luck on that!

It was remiss of me, in moving this motion, not to mention that today is the Royal Flying Doctor Service's Flying Doctor Day. We certainly could not run our health system without the amazing healthcare workers who operate our Royal Flying Doctor Service in a state such as Western Australia. I remind members, particularly given that the second Parliamentary Secretary to the Minister for Health liked to delve into history today, that it was health minister Jim McGinty who considered the Royal Flying Doctor Service a community interest group. I do not know whether members remember back that far, but since we are having history lessons today, on Flying Doctor Day, it was the view of the then Labor government that the Royal Flying Doctor Service was nothing more than a community interest group. I now certainly have greater respect for them than Minister McGinty did at the time.

The other interesting thing that we heard from the government members today was criticism about the former government's investment in building hospitals. It is a cheap shot when their government has not actually built one yet. We are in the seventh year of the McGowan government and we have just heard all the talking points from the government members giving their budget replies and they are yet to actually build a hospital. They enjoyed cutting a lot of ribbons to health infrastructure that the former Liberal–National government had built, but they are yet to build one.

Several members interjected.

The ACTING PRESIDENT (Hon Dr Sally Talbot): Members! Would you mind just taking a seat—I am sorry—for a moment. Hansard is indicating that they are actually having trouble hearing the speaker. That is not fair. Please respect the processes of the chamber.

Extract from *Hansard*

[COUNCIL — Wednesday, 15 May 2024]

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Hon MARTIN ALDRIDGE: Tom Price, Laverton, Meekatharra, Geraldton, Mullewa—I would be interested to know when these hospitals will open. I joke but people might be better off asking for a rail line than a hospital, because the Saffioti government is committed to building a growing Metronet infrastructure project at the cost of hospitals, amongst other government priorities.

It is interesting that beyond Metronet the second priority of the Saffioti government is Collie. It is also interesting to note the government's announced \$37 million hospital blitz, which it cut by \$14.62 million and cancelled half the projects—so much for the blitz. I do not know what one would call it—blitz by half? One of the projects cut was \$1 million to health worker accommodation at Collie Hospital. One would think that anything Collie wants Collie gets under this government, but it cut a project to accommodate healthcare workers. The government's spin was that this was not a bad thing because it was now putting those 18 staff up in local motels and hotels during a housing crisis. That is not what I heard in the budget reply speeches today from the Labor members. They did not talk about Wyndham, which had its hospital shut down to a daylight service. They did not talk about how we have 1 100 kilometres between Geraldton and Karratha where one cannot give birth to a baby. They do not talk about that. All the government members did was self-congratulation or talk about the extra \$3.2 billion in the health budget to address issues in the health system. They did not talk about any of the issues. They just read their talking points. I am not even going to have time to talk about the patient assisted travel scheme because some of the statements that the government made about PATS and ancient history are wrong.

Question put and passed.